



CITY OF GRESHAM PUBLIC RECORDS REQUEST FORM

REQUESTOR INFORMATION

Date of Request: _____

Name: _____

Mailing Address: _____

City, State Zip: _____ Daytime Phone: _____

Email Address: _____ Fax: _____

Preferred method of contact: _____ Mail _____ Phone _____ Email _____ Fax

Is this request related to a lawsuit in which the City of Gresham is a party, or a tort claims notice filed with the City of Gresham? _____ Yes _____ No

RECORD TYPE (Check all that apply.):

- | | | |
|---|---|--|
| <input type="checkbox"/> Development Applications | <input type="checkbox"/> Planning Records | <input type="checkbox"/> Building Permit Records |
| <input type="checkbox"/> Inspection Records | <input type="checkbox"/> Development Engineering | <input type="checkbox"/> Dept. of Environmental Services
(Transportation / Wastewater / Water / Stormwater / Parks) |
| <input type="checkbox"/> Code Enforcement Records | <input type="checkbox"/> Rental Housing Inspection Records | <input type="checkbox"/> Fire Reports |
| <input type="checkbox"/> Police Reports or Accident Reports | <input type="checkbox"/> Police Records (Other than Police Reports or Accident Reports) | <input type="checkbox"/> Internet Technology Dept. Records |
| <input type="checkbox"/> Personnel Records | <input type="checkbox"/> Finance Records | <input type="checkbox"/> Mayor and Council Records |
| <input type="checkbox"/> Ordinances or Resolutions | <input type="checkbox"/> Other | |

DESCRIPTION OF RECORDS REQUESTED:

Please describe the materials you are requesting in as much detail as possible: type of document, date, author, title, etc. If you need more room, please attach additional sheets. If your request includes personnel records, a signed release from the employee may be required.

- The City will respond to your request as soon as practicable and without unreasonable delay.
- If the estimated costs involved in fulfilling your request exceed \$25, the City will advise you of the estimated costs and require your approval before beginning the work.
- If the fee estimate exceeds \$25, a deposit may be required to begin the work.
- Full payment of the total amount of costs incurred is required before the public records are inspected or copies are released.

I HAVE READ AND AGREE TO COMPLY WITH THE ABOVE CONDITIONS, and further agree to pay the cost of fulfilling this Public Records Request according to the conditions set forth above. I understand these costs may include the cost of searching for records, reviewing records to redact exempt material, supervising the inspection of records, copying records, certifying records and mailing record. I agree to pay a deposit of the estimated costs, if required. I also understand that the documents or records requested may not be immediately available for my review and that I may need to make an appointment to review the documents or records. I acknowledge that any documents or records made available to review must not be disassembled and must be left intact, and that I cannot make copies myself.

Signature of Requestor

For office use only.

Date Received: _____

Time Received: _____

Action Taken:☐ Reviewed File ☐ Research Required☐ Provided Copies of _____**Costs / Charges:****Copies – Standard Public Records**

No. of Copies	Description	Amount
	25¢ per page / side (8 ½ x 11 OR 8 ½ x 14)	
	50¢ per page / side (11 x 17)	

Copies – Oversize Copies (Maps / Plans / Construction Drawings) / Black & White

No. of Copies	Description	Amount
	\$1 per page – A Size (8 ½ x 11)	
	\$1 per page – B Size (11 x 17)	
	\$4 per page – C Size (18 x 24)	
	\$5.50 per page – D Size (24 x 36)	
	\$8 per page – E Size (36 x 48)	

Copies – Other (i.e., Comprehensive Plan, Public Works Standards (See Public Records Fee Schedule for applicable charges.))

No. of Copies	Description	Amount

Research Fees / Supplemental Labor Fees

Level 1 Request: Up to 30 Minutes / Copy Cost Only

Level 2 Request: 30 Minutes to 2 Hours / Copy Cost + \$35 per hour

Level 3 Request: Over 2 Hours / Copy Cost + Actual Employee Cost + Benefits + Overhead

Request Level	Staff Person / Description of Work	Hourly Rate	Estimated No. of Hours	Estimated Research Cost	Actual No. of Hours	Actual Amount

Deposit Required _____ Yes _____ No

Deposit Amount _____

Final Accounting

Total Due: \$ _____ minus Deposit (if required) \$ _____ = Balance Due \$ _____ **OR**
Refund Due \$ _____